PROVIDING and REPORTING EVIDENCE BASED PRACTICE in I OS ANGFI FS COUNTY

HISTORICAL PERSPECTIVE

Martie Drinan

- Federal Grants to States for 15 years to improve quality and accountability of mental health services nationwide
- Block Grant Oversight Center for Mental Health Services (CMHS) within Substance Abuse and Mental Health Services Administration (SAMHSA)

- State required to create data infrastructure for reporting services:
 - Access
 - Appropriateness
 - Outcomes
 - Systems Management
- CMHS created Uniform Reporting Systems (URS) – responsible for establishing uniform definitions for measuring performance outcomes
- 2001 California received federal Data Infrastructure Grant (DIG) to implement reporting of data

- Use of Evidence Based Practices was one of these data measures to be reported
- In beginning compliance with these federal DIG requirements, State DMH modified its data system (Client & Services Information system – CSI) and notified Counties via State DMH Informational Notice: 06-02
- LAC DMH in turn modified its data system when IS 2.0 was introduced to include both federally recognized Evidence Based Practices (EBP) and Service Strategies

LA County DMH EBPs Chris Warren

- In addition to the federal reporting requirements, the Department anticipates more active involvement with EBPs because:
 - Better outcomes for clients
 - Greater client satisfaction
 - Reduction in staff turnover
 - Reduction in health care costs
 - More knowledgeable consumers

LAC DMH EBPS (continued)

- Only three EBPs recognized by the federal government can currently be reported into the IS:
 - Assertiveness Community Treatment (ACT)
 - Multisystemic Therapy (MST)
 - Functional Family Therapy (FFT)

Assertive Community Treatment Miki Webber

Assertive Community Treatment is a team treatment approach designed to provide comprehensive, community-based psychiatric treatment, rehabilitation, and support to persons with serious and persistent mental illness such as schizophrenia.

The ACT model of care evolved out of the work of Arnold Marx, M.D., Leonard Stein, and Mary Ann Test, Ph.D., in the late 1960s. ACT has been widely implemented in the United States, Canada, and England.

The services ACT teams provide are: case management, initial and ongoing assessments; psychiatric services; employment and housing assistance; family support and education; substance abuse services; and other services and supports critical to an individual's ability to live successfully in the community. ACT services are available 24 hours per day, 365 days per year.

An evidence based practice, ACT has been extensively researched and evaluated and has proven clinical and cost effectiveness.

Clients served by ACT are individuals with serious and persistent mental illness or personality disorders, with severe functional impairments, who have avoided or not responded well to traditional outpatient mental health care and psychiatric rehabilitation services. Persons served by ACT often have co-existing problems such as homelessness, substance abuse problems, or involvement with the judicial system.

<u>PRINCIPLES OF ACT</u>

- SERVICES ARE PROVIDED OUT OF OFFICE
- HIGHLY INDIVIDUALIZED SERVICES
- ASSERTIVE APPROACH
- LONG-TERM SERVICES
- EMPHASIS ON VOCATIONAL EXPECTATIONS
- SUBSTANCE ABUSE SERVICES
- PSYCHOEDUCATIONAL SERVICES:
- FAMILY SUPPORT AND EDUCATION
- COMMUNITY INTEGRATION
- ATTENTION TO HEALTH CARE NEEDS

9

Multisystemic Therapy (MST) Greg Lecklitner

Program Overview

Practice Overview

- Intensive Family and Community Based Treatment
- Individual behavior as nested in complex network of interconnected systems
- Targets multiple determinants of serious antisocial behavior

Demonstrated Outcomes

- Reduced rates of criminal offending, including drug-related and violent crime
- Reduced rates of out-of-home placement
- Improved family functioning
- Decreased substance abuse
- Decreased mental health problems
- Increased mainstream school attendance
- Cost savings over usual MH and JJ services

Target Population

- Youth ages 12-17 and their families
- History of chronic, violent behavior
- Substance abuse
- At risk of out-of-home placement

Intensity

- Therapists carry small caseload of 4-6 families
- Available 24/7
- Hours/locations convenient to families
- Average of 60 hours of contact
- Average four months treatment duration
- Average of 15 families/year per therapist

Components

- Home-based
- Strength-based
- Works within youth's natural environment
- Strategic Family Therapy
- Structural Family Therapy
- Behavior Parent Training
- Cognitive Behavior Therapy

Goals

- Reduce youth criminal activity
- Reduce other antisocial behaviors (e.g. substance abuse)
- Cost savings via
 - Reduced rates of incarceration
 - Reduce reliance on out-of-home placement

Staffing

- Team of 2-4 therapists and a supervisor
- Therapists
 - Full-time Master or highly-skilled Bachelors level
- Supervisors
 - Minimum half-time
 - Carry small caseload
 - Ph.D. or highly-skilled Masters degree

Training Requirements

- Provided on-site by MST Services, Inc.
- Therapists and Supervisor Training
 - 5 Days of orientation and training
 - Quarterly booster sessions
 - Weekly telephone consultation
- Ongoing Quality Control and Fidelity Monitoring

Costs

- Training
- Annual per team fee (ongoing support and consultation)
- Annual agency licensing fee
- Annual team licensing fee (if multiple teams within the agency)

Los Angeles County MST Programs

- Providence Community Services
- Child and Family Guidance Center
- SHIELDS for Families
- San Fernando Valley CMHC

For More Information

Keller Strother, MS, MBA

President

MST Services, Inc.

710 Johnnie Dodds Blvd.

Mount Pleasant, SC 29464

Phone: (843) 284-2210

Fax: (843) 856-8227

keller.strother@mstservices.com

Functional Family Therapy (FFT)

Greg Lecklitner

Program Overview

Practice Overview

- Research-based
- Family-focused
- Targeted to at-risk youth and families
- Prevention/Intervention program
- Designed to improve family communication and supportiveness
- Decrease negativity within family

Demonstrated Outcomes

- Reduced recidivism
- Reduction in substance abuse
- Improvement in family interactions
- Reduced use of out-of-home placements
- Reduced risk for younger siblings
- Reduced cost

Target Population

- Youth 11 to 18 and their families
- Range of Problems
 - Delinquency
 - Violence
 - Substance Abuse
 - Conduct and Oppositional Defiant Disorders
 - Family Conflict
 - Child Abuse and Neglect
 - At risk of out-of-home placement

Intensity

- Generally 8-12 hours of direct service time
- Typically no more than 26 hours/family
- Duration of 3 to 6 months
- Flexible service delivery by 3-8 person teams
- Average of 12-15 cases/interventionist
- Services provided in homes, clinics

Phasic Program Model

- Engagement
 - Build alliances
 - Reduce negativity
 - Increase motivation
- Behavior Change
 - Assessment
 - Planning
 - Skill Building
 - Conflict Management
- Generalization
 - Across situations
 - Across multiple environments
 - Relapse prevention

Treatment Goals

- Improved parenting skills
- Improved communication skills
- Improved family management of conflict
- Overall improved individual and family functioning

Staffing

- Wide range of interventionists
 - Mental health professionals (MFT, LCSW, Ph.D.)
 - Trained probation officers
 - Para-professionals under supervision

Training Requirements

- 3 Day Clinical Training for all staff
- Externship Training for Clinical Lead
- Supervisor Training
- 3 Follow-up visits/year
- 4x Monthly Phone Consultations
- Systematic assessment, tracking, and outcomes measures

Comprehensive Assessment Protocol

- Multisystemic Client Assessment
 - Individual Functioning
 - Family Functioning
 - Behaviors Relational Assessment
 - Relational Assessment
- Process/Adherence Tracking
 - Family, Supervisor, and Therapist Views
- Outcome Assessment
 - Multidimensional Client Change
 - Overall Change from Client and Therapist

Costs

- Training/Consultation
- Travel
 - Nevada/Indiana for externship
 - Indiana for supervisor
- Annual Certification for each Team

Los Angeles FFT Programs

- SHIELDS for Families
- Starview
- New Sites
 - Penny Lane
 - Children's Institute International

For More Information

Todd Sosna, Ph.D.

Senior Associate

California Institute for Mental Health

2125 19th Street

2nd Floor

Sacramento, CA 95818

attention.: Yaminah Head

Phone: (916) 549-5506

tmq@verizon.net

Other EBPs

Chris Warren

- Briefly defined in CSI Training Supplement
 - Supportive Employment
 - Supportive Housing
 - Family Psychoeducation
 - Integrated Dual Diagnosis
 - Illness Management & Recovery
 - Medication management
 - New Generation Medications
 - Therapeutic Foster Care

Other EBPs (continued)

- Some have fidelity measures and some do not
- Department will explore the possible addition of these with the developers of each respective EBP
- If you have an interest in tracking Department progress on any of these other EBPs, contact Chris Warren by e-mail cwarren@lacdmh.org

Service Strategies Chris Warren

- Briefly defined in CSI Training Supplement
 - Peer and/or Family Delivered Services
 - Psychoeducation
 - Family Support
 - Supportive Education
 - Delivered in Partnership with Law Enforcement, including courts, probation, etc.
 - Delivered in Partnership with Health Care
 - Delivered in Partnership with Social Services

Service Strategies (continued)

- Option continued
 - Delivered in Partnership with Substance Abuse Services
 - Integrated Services for Mental Health and Aging
 - Integrated Services for Mental health and Developmental Disability
 - Ethnic-specific service strategy
 - Age-specific service strategy

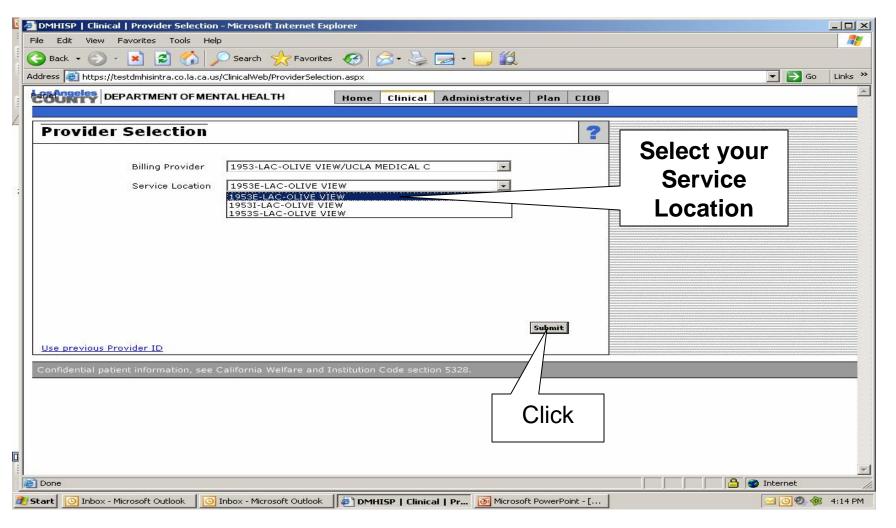
Considerations when reporting Service Strategies

- If the service provided is being reported as an EBP, there is no need to also report it as a Service Strategy.
- Service Strategies may be used to describe strategies reflected in the service that are not captured by the EBP.
- A service may reflect none of the listed strategies, one strategy, or more than one.

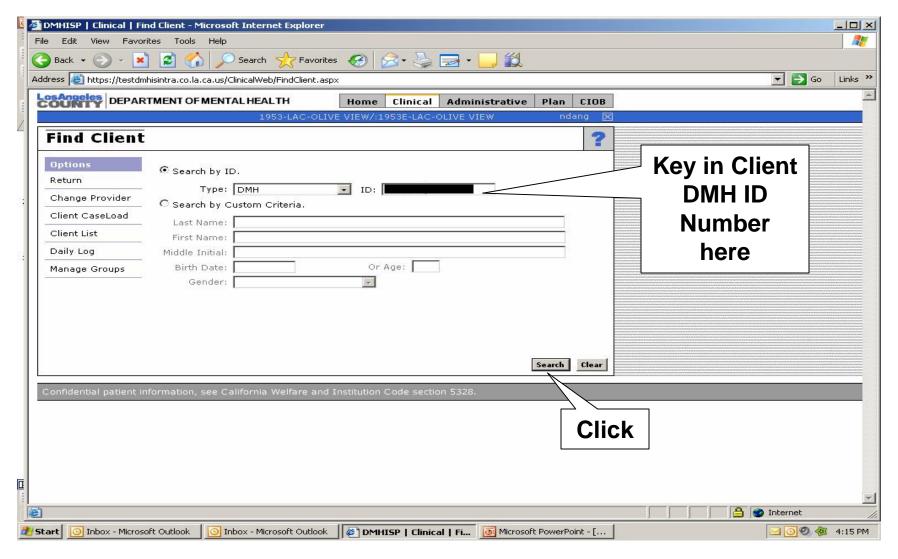
How to View/Enter Evidence Based Practice and Service Strategies

Nga Dang and Juana Garcia-Bagues

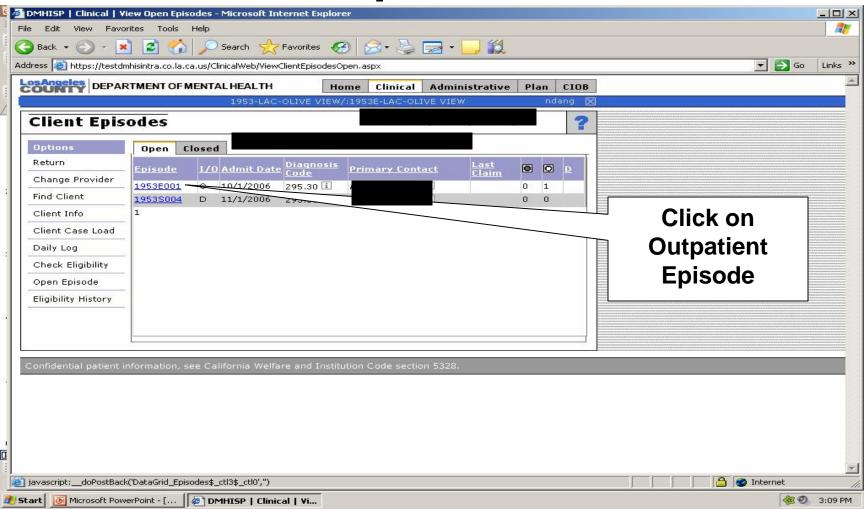
Select Service Location



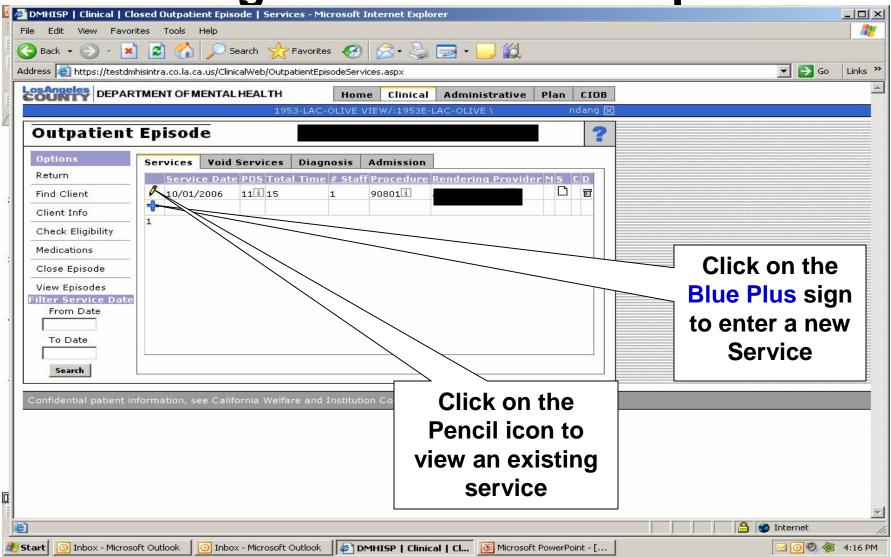
Find Client Screen



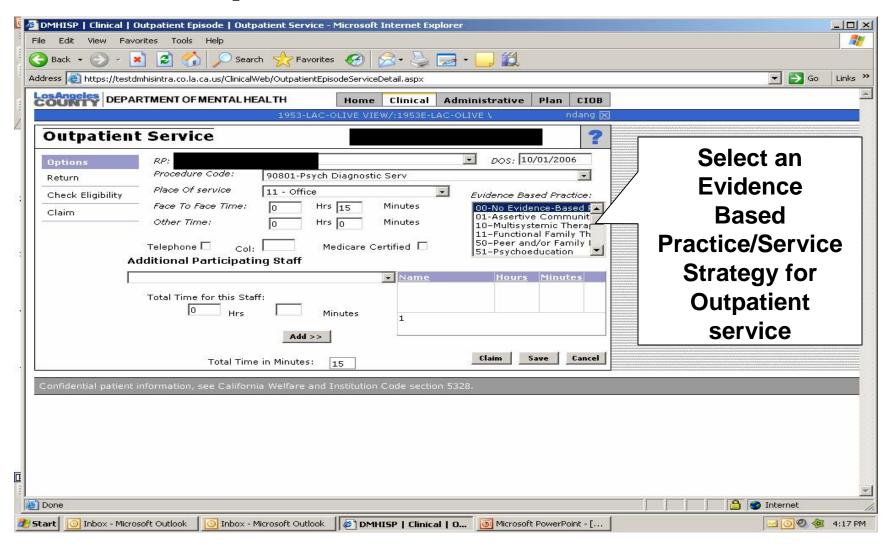
Client Episode Screen



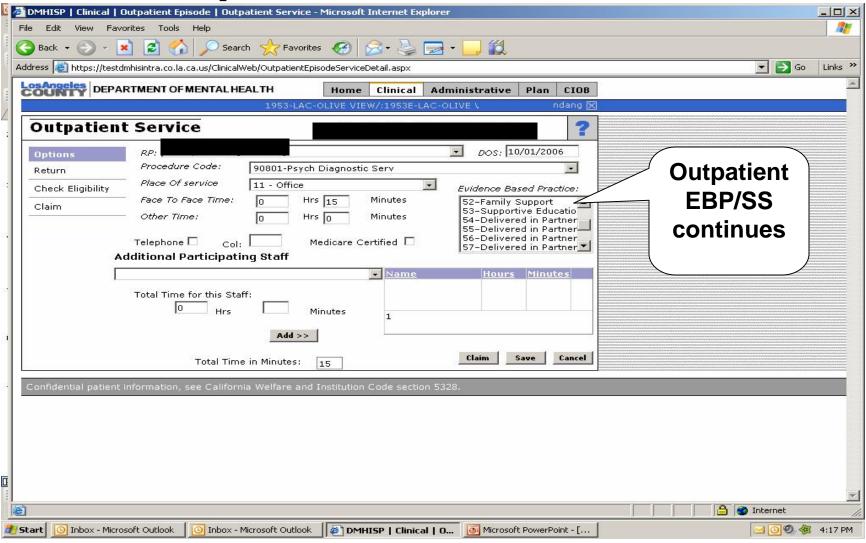
Entering A Service for Outpatient



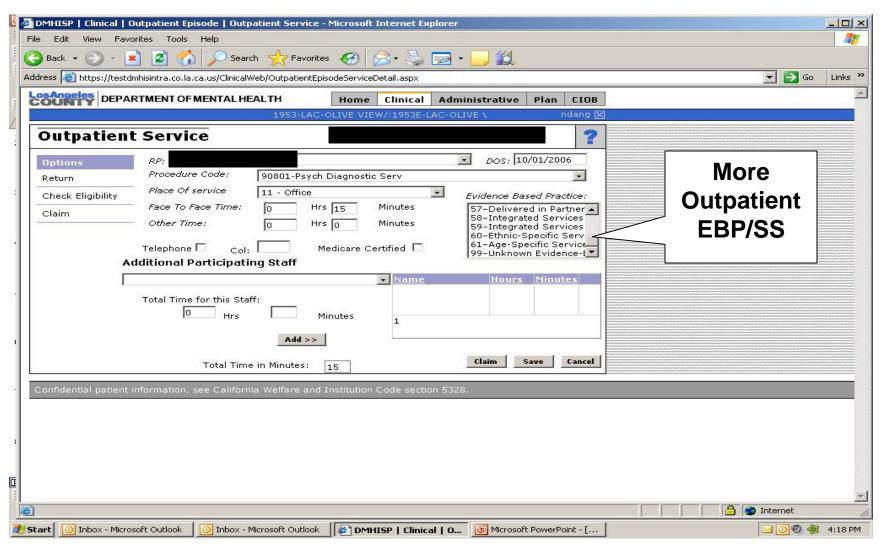
Outpatient Service Screen



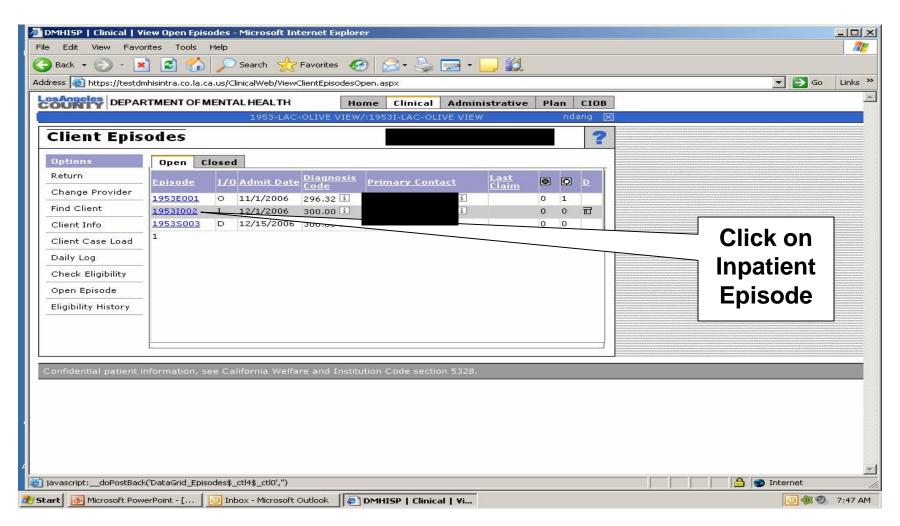
Outpatient Service Screen



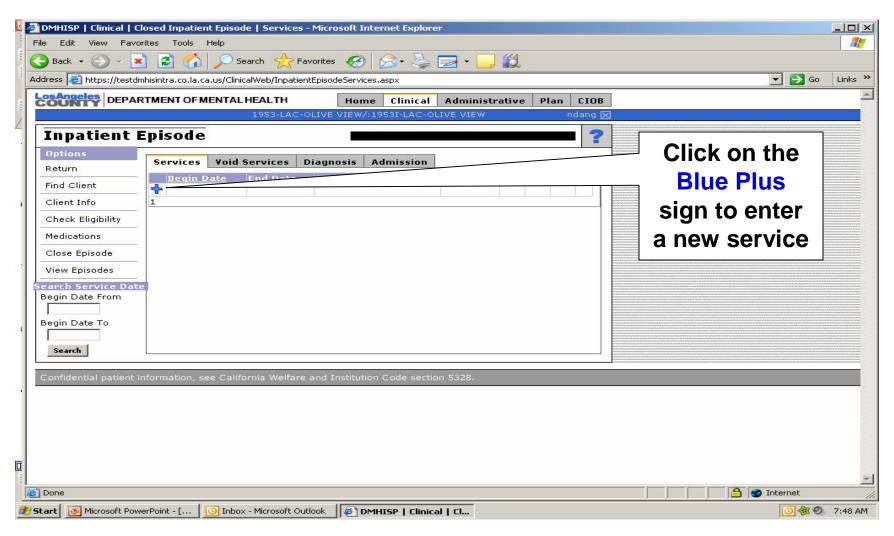
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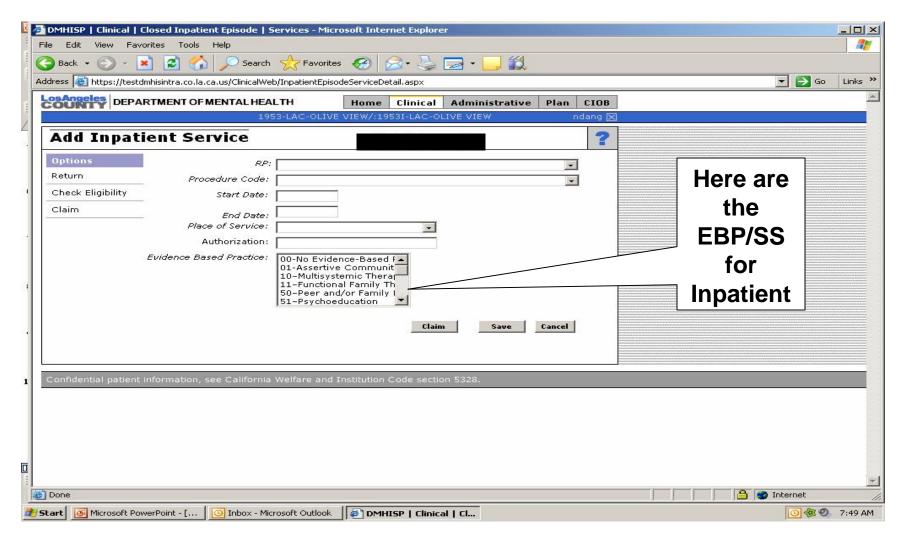
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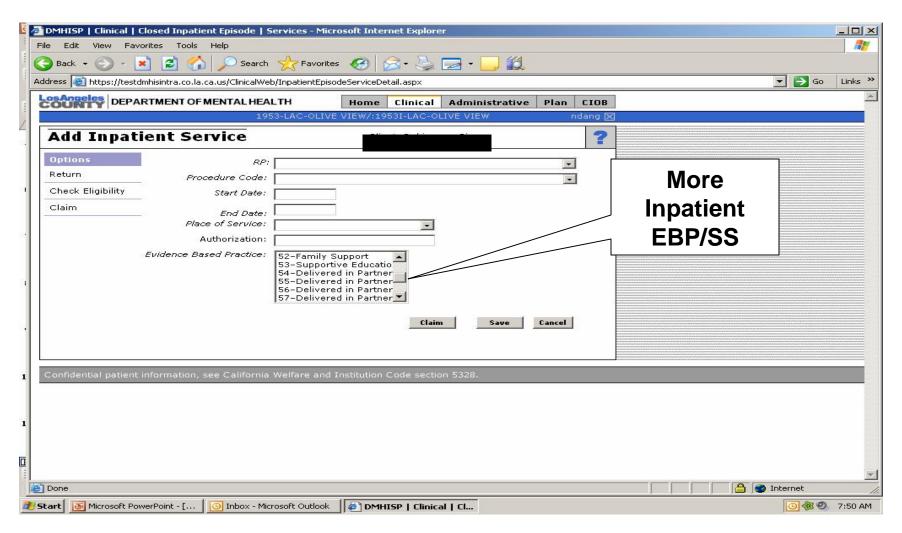
Entering a Service for Inpatient



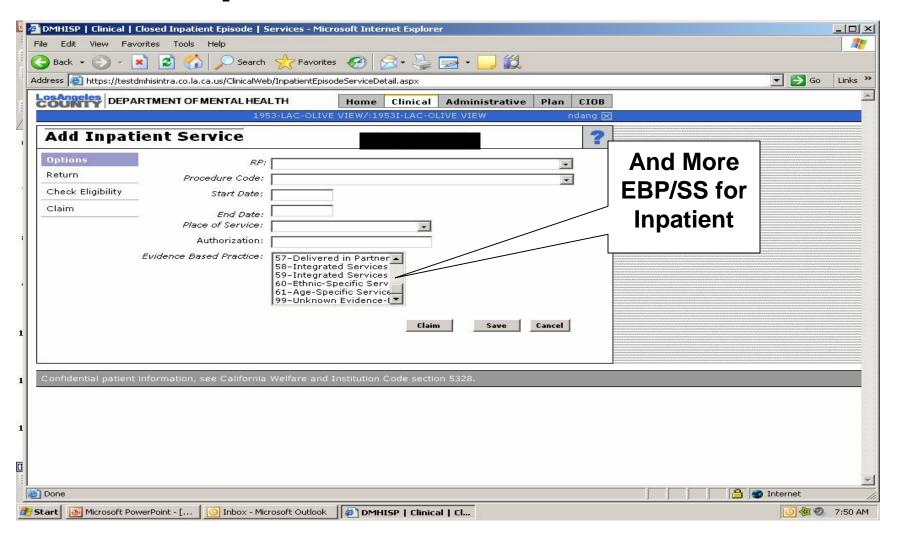
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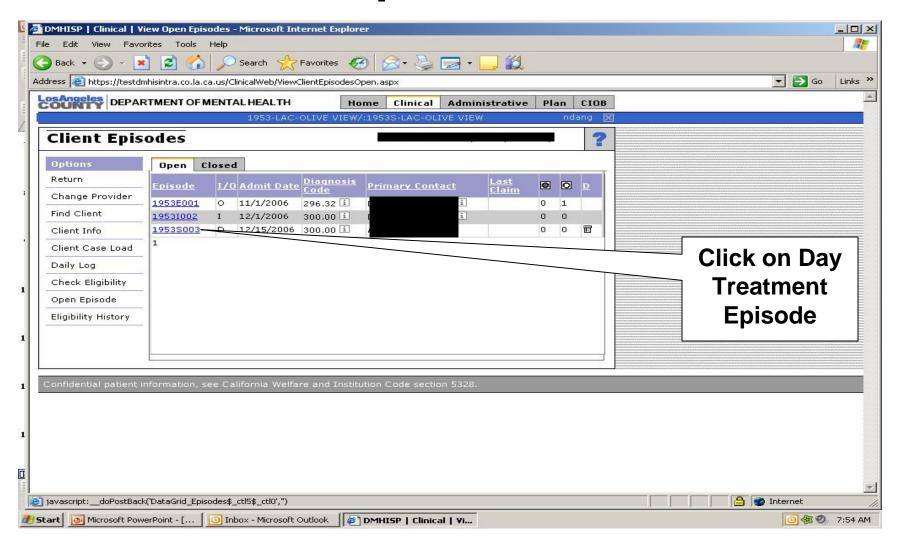
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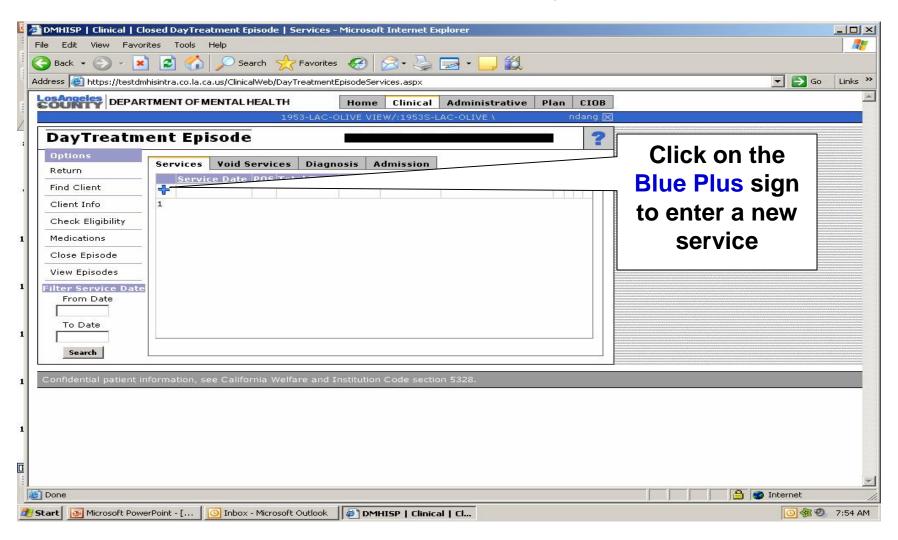
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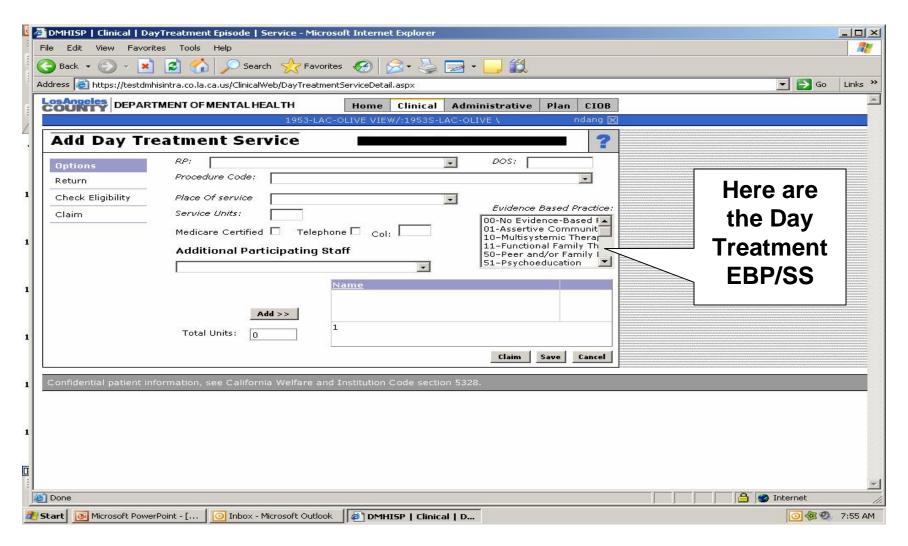
Client Episode Screen



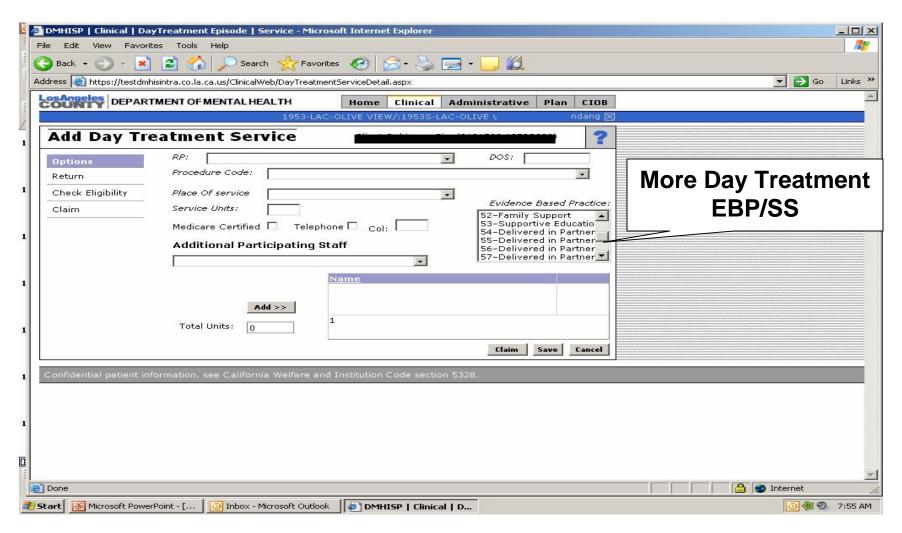
Enter Service on Day Treatment



Day Treatment Service Screen



Day Treatment Service Screen



Day Treatment Service Screen

